

NOV 14 2008

**510(k) SUMMARY****Genex<sup>®</sup>**

**Applicant** Biocomposites Ltd  
Keele Science Park  
Keele  
Staffordshire  
England  
ST5 5NL

**Contact Person** Mr Simon Fitzer  
Tel: +44 (0) 1782 338580  
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Email: [sf@biocomposites.com](mailto:sf@biocomposites.com)

<b>Classification Name:</b>	Filler, bone void, calcium compound
<b>Common/Usual Name:</b>	Bone void filler
<b>Trade/Proprietary Name</b>	Genex <sup>®</sup>
<b>Product Code</b>	MQV

**Device Description**

Genex<sup>®</sup> is a calcium salt bone graft substitute and is provided sterile for single patient use. When Genex<sup>®</sup> is placed in the defect; bone grows in apposition to the implant, filling the pores with new bone during the healing process.

Genex<sup>®</sup> is completely resorbed and replaced with bone during the healing process.

Genex<sup>®</sup> is provided sterile for single use only

**Intended Use / Indications**

Genex® is indicated only for bony voids or defects/gaps that are not intrinsic to the stability of the bony structure.

Genex® is indicated to be gently packed into voids or defects of the skeletal system (ie long bones, extremities, spine and pelvis).

Genex® bone graft substitute resultant paste can be injected, digitally packed into the bone void to cure in situ or moulded into solid implants that are to be gently packed into the defect

The bony defects or cavities may be surgically created or the result of traumatic injury. Genex® provides a bone graft substitute that resorbs and is replaced with bone during the healing process.

**Summary of Technology**

Genex® has the same technological characteristics as the predicate device and any differences do not raise any concerns regarding safety and effectiveness.

**Non Clinical Testing**

Data supplied demonstrates that Genex® is substantially equivalent to the predicate device and any differences do not any concerns regarding safety and effectiveness.

**Substantial Equivalence**

The indications, contraindications, risks and potential adverse events are the same as the identified predicate device and are thus substantially equivalent.

Documentation provided demonstrates that the Genex® is substantially equivalent to the legally marketed predicate device in basic features and intended uses. No new concerns have been identified regarding safety and effectiveness of the subject device.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

Biocomposites Ltd  
% Mr. Simon Fitzer  
Keele Science Park  
Keele, Staffordshire  
England ST5 5NL

NOV 14 2008

Re: K082381  
Trade/Device Name: Genex®  
Regulation Number: 21 CFR 888.3045  
Regulation Names: Resorbable calcium salt bone void filler device  
Regulatory Class: II  
Product Code: MQV  
Dated: August 8, 2008  
Received: August 19, 2008

Dear Mr. Fitzer:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

Page 2 – Mr. Simon Fitzer

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Center for Devices and Radiological Health's (CDRH's) Office of Compliance at (240) 276-0120. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding postmarket surveillance, please contact CDRH's Office of Surveillance and Biometric's (OSB's) Division of Postmarket Surveillance at (240) 276-3474. For questions regarding the reporting of device adverse events (Medical Device Reporting (MDR)), please contact the Division of Surveillance Systems at (240) 276-3464. You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at toll-free number (800) 638-2041 or (240) 276-3150 or the Internet address <http://www.fda.gov/cdrh/industry/support/index.html>.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Mark N. Melkerson", with a long horizontal flourish extending to the right.

Mark N. Melkerson  
Director  
Division of General, Restorative  
and Neurological Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure

## INDICATIONS FOR USE

510(k) Number (if known): \_\_\_\_\_

Device Name: Genex<sup>®</sup>

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Prescription Use ☒   
 (Part 21 CFR 801 Subpart D)

OR

Over-The-Counter use \_\_\_\_\_   
 (Part 21 CFR 807 Subpart C)

PLEASE DO NOT WRITE BELOW THIS LINE – CONTINUE ON ANOTHER PAGE IF  
NEEDED

Concurrence of CDRH, Office of Device Evaluation (ODE)

  
(Division Sign-Off)

**Division of General, Restorative,  
and Neurological Devices**

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